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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *PK*

This application is a CIP of 10/799,910 03/12/2004

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged	<i>[Signature]</i> Attorney's Signature	<i>[Initials]</i> Initials	

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## TITLE

Plasma ion implantation system

FILING FEE  RECEIVED 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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